| CEDTICICATE | OF INTERESTED | |
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| CERTIERATE | OF INTERFATED | DADTIES |

FORM **1295**

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|--|---|--|-------|---|--------------|--|--|--|--|--|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE ONLY CERTIFICATION OF FILING | | | | | | | | |
| 1 | of business. Pro Test | | | Certificate Number: 2016-117911 | | | | | | | | |
| Ļ | | | | Date Filed: | | | | | | | | |
| 2 | being filed. | | | 9/29/2016 | | | | | | | | |
| | | | | | | | | | | | | |
| 3 | Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Suite L10. Meacham Term Bldg. Authorized PSI-Lasergarde Testing Center. FAA&FCC Knowledge Tests Administered. | | | | | | | | | | | |
| | | 1 | | | | | | | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busin | lssa. | Nature of interest (check applicable) | | | | | | | | |
| | | , , , , , , , , , , , , , , , , , , , | | Controlling | Intermediary | | | | | | | |
| Hage, Imad | | Fort Worth, TX United States | | Х | | | | | | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | | | | | |
| 6 | AFFIDAVIT I swear, or | affirm, under penalty of perjury, that the | above | disclosure is true | and correct. | | | | | | | |
| ANNE-MARIE STOWE Notary Public, State of Texas Comm. Expires 05-01-2018 Notary ID 45976-5 Signature of authorized agent of contracting business entity | | | | | | | | | | | | |
| Sworn to land subscribed before me, by the said | | | | | | | | | | | | |
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